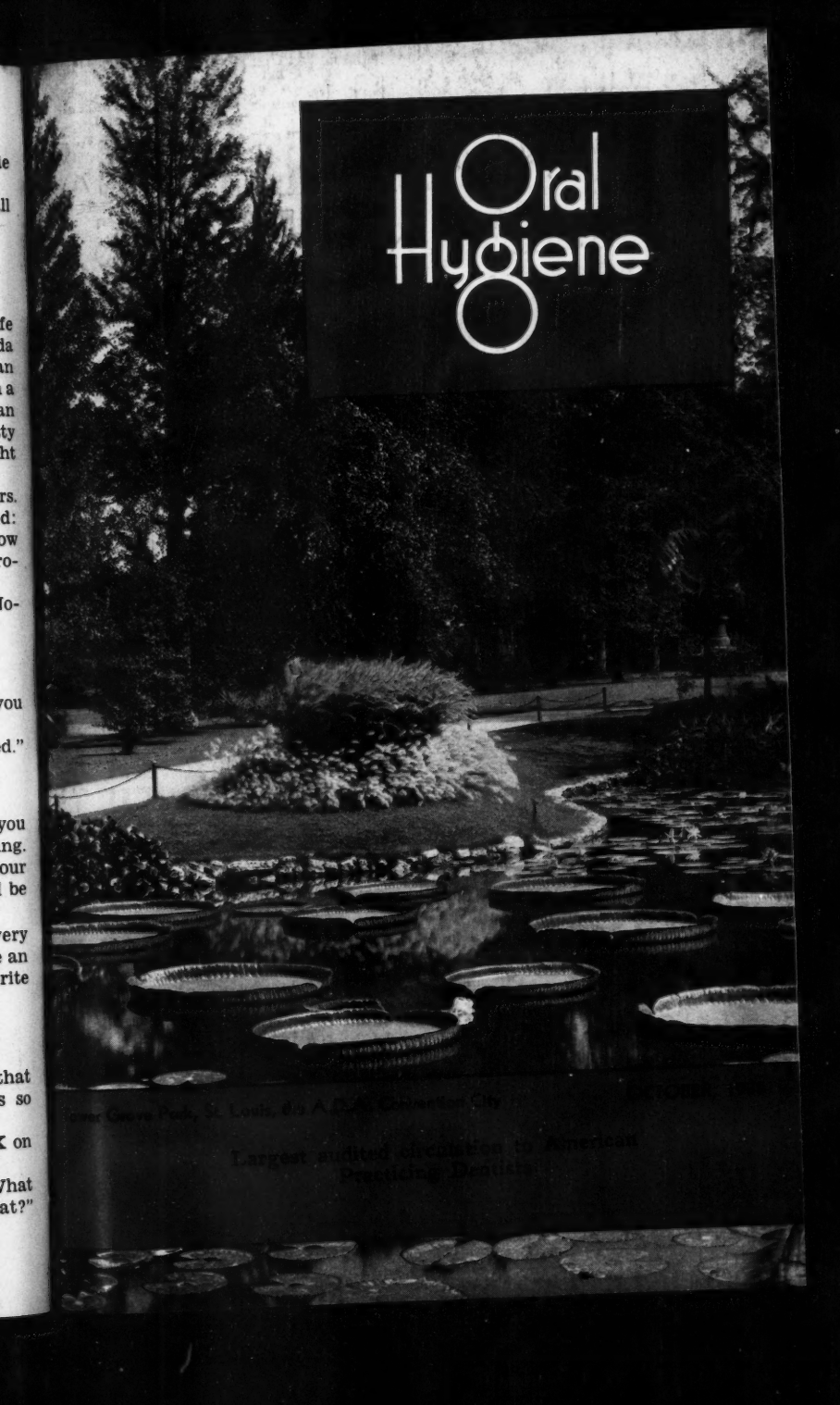
Oral
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CLEVELAND, OHIO • U. S. A.

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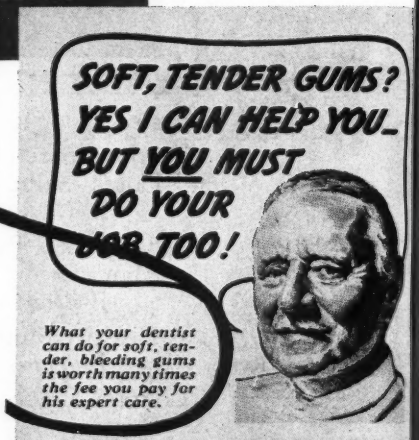

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To the House of Delegates, Statler Hotel, Saint Louis

DEAR DELEGATES:

You, as members of the House of Delegates of the American Dental Association, are at this time representing your colleagues at the most crucial meeting since the beginning of this Association. You are being called upon to decide whether we shall step forth as a group of independent thinkers, ready to utilize our opportunity to render a great and lasting contribution to American health, or whether we shall follow meekly and blindly in the narrow footpath of kindred associations. It is to be hoped that every delegate faces the problem before him with an open mind and a thorough understanding of the underlying principles which are the cause of ever-changing social and economic conditions. Every delegate should realize that today's exigencies are not the sporadic outgrowth of yesterday's indigencies, but the cumulus of a ten year revolution through which we have been passing. He must, therefore, adapt himself to changed and ever-changing conditions so that the most benefit will accrue to those whom he represents.

It is no longer a question of whether or not we approve of inflation, of budgets balanced or unbalanced, or of prodigal paternalism. Rather, it is a question of how we, as dentists, can make the most of the present-day situation so that we may maintain our professional systems with their high standards of education and service. To resent and quibble over existing conditions merely means to delay and confuse issues instead of meeting them fairly and honestly. For it must be remem-

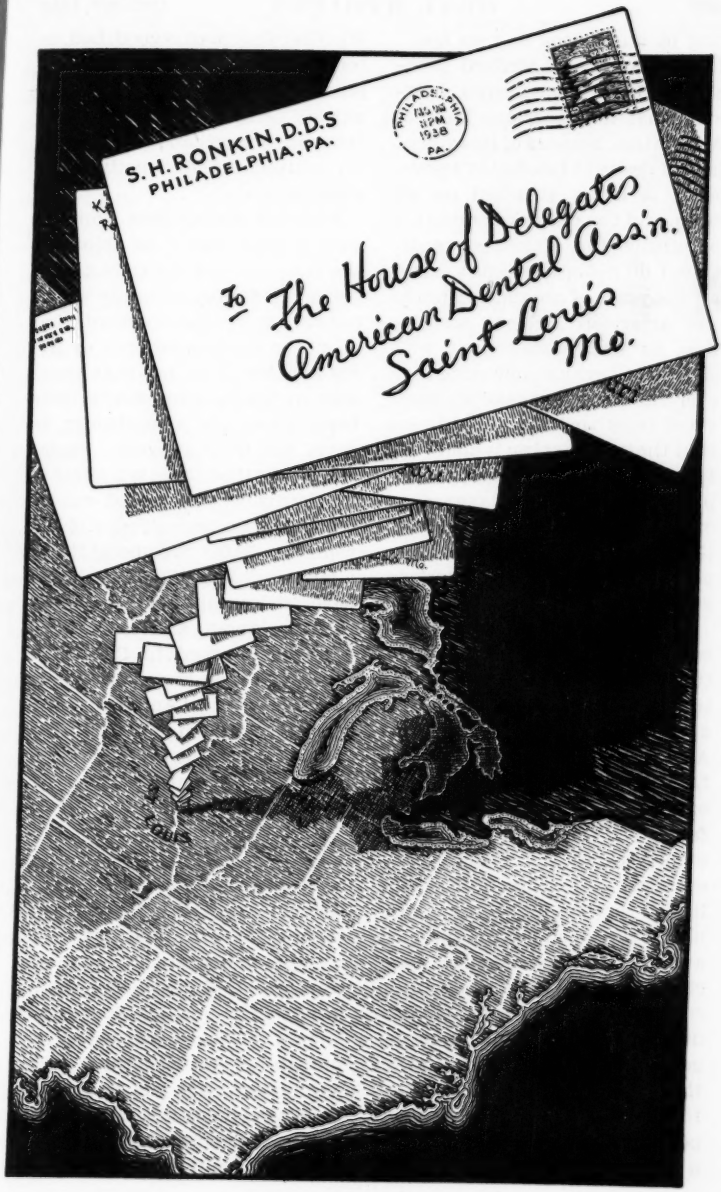
bered that conditions are at all times mothered by Necessity. Had there, for instance, been no need for WPA, there would have been no WPA. Had there been no urgent need for an improvement in our health service, there would have been no committee working on the costs of medical care.[1] But the very fact that there was dire need for change in our medical set-up caused President Hoover to appoint a committee which spent five years and one million dollars simply investigating the health conditions of our people. That survey showed the necessity for further action, and in 1935 President Roosevelt appointed an Interdepartmental Committee to coordinate health and welfare activities, the result of which was the National Health Conference[2] held in Washington in July of this year.

The report presented by this Conference brought out the fact that preventive health services for the nation as a whole are totally inadequate. It showed that one-third of the population, which includes persons with or without income, are receiving no medical care. It pointed out pertinently that the great majority of people, because of illness, suffer economically. The Committee recommended a ten year program which would include an annual expenditure of 850 millions of dollars. And that conference is merely the prologue to the drama that will be enacted during the next session of Congress.

Such measures as these are not being put forward simply because a handful of politicians feel that by doing so they are gaining control of one of the greatest industries of our nation, although that ultimately could happen. They are put forward because the people of this country have been awakened to the necessity for instituting a program that will guarantee not only the curing of the sick but the maintenance of proper health standards for them as a whole. That this awakening is an established fact is proved by the response to the United States Public Health Service's campaign to control cancer and venereal infections. Yet we are still faced with the problem of dentists without patients—patients without dentists. And no matter how you may argue against any program, that set-up is wrong.

To date the American Medical Association has taken no definite stand concerning the recommendations put forth by this Committee. If anything, it stands aloofly critical of the National Health Conference policies. Naturally, our interest lies in our own field of work. But no comprehensive health plan can be undertaken without the inclusion of dentistry, and the National Health Conference has taken due cognizance of this fact. Yet we have had nothing to say officially about this program, meekly sit-

[1]Medical Care for the American People. The Final Report of the Committee on the Costs of Medical Care, Chicago, University of Chicago Press, 1932.
[2]Millions for Health, ORAL HYGIENE 28:1131 (September) 1938.


S.H.RONKIN, D.D.S
PHILADELPHIA, PA.
PHILADELPHIA PA
1938
To The House of Delegates
American Dental Ass'n.
Saint Louis
Mo.
St. Louis

ting by and acting as "yes men" for the American Medical Association. Be it remembered, however, that the American Medical Association, because of its evident lack of desire to face today's problems, is being attacked on all sides, and the outlook is none too promising for organized medicine. I do not ask you now, after all our years of apprenticeship to the American Medical Association, to sever connections with that body, because now more than ever the allied professions must stand together in an effort to see that the proper thing is done. But I do ask that some constructive plan be put forward, regardless of the American Medical Association, and that this plan be submitted in the name of American dentistry.

It is highly significant that, coming on the heels of the National Health Conference, the Attorney-General should bring suit against the American Medical Association for restraint of trade. Let us consider this action for just one moment and see who is at fault. We find a group of 2400 employees of the Federal government engaging professional health services by paying a stipulated sum each month. Immediately the American Medical Association, through the Medical Society of the District of Columbia, dismisses the physicians so engaged from the Society, and all their hospital connections are forcibly severed. Here was an opportunity to give a group of men a chance to work out a plan. Whether that plan is good, bad, or indifferent is not the point. The point is that the experiment was never permitted. Any sound thinking person can see that such an attitude is destructive, not constructive.

I am not stating that I am for such a plan, but I do object to the restriction of the right to experiment. I most certainly would not care to see the regimentation of either the practitioner or the patient. But I do say that these men in Washington should have been given the opportunity to carry out their program. Please remember that there is a clinic in California which started out on an insurance basis. Today it has well over 50,000 members. It has a large building of its own. It has 55 physicians in its employ, a fleet of ambulances, and so on. This plan has worked in California, and these men have gone ahead regardless of the American Medical Association. Significantly enough, they have made good both for the patients and the physicians.

Oppose Cooperation

The arguments of the American Medical Association against such experiments are almost ludicrous. Its defense is that these cooperatives tend to destroy the patient-doctor relationship. You and I know that this relationship is a fine thing and something to be encouraged. But you and I also know that today it is enjoyed only by those people who can afford to pay a family practitioner for

that personal touch. The man who is caught with a jumping toothache isn't interested in personal relationship, whether or not he has the price. So what it all amounts to is, "How can we obtain and maintain this important relationship for the greatest number of people?"

The argument has often been advanced that dentists never turn anyone away. Quite true. But what about the timid person who hesitates to ring your doorbell because he hasn't the required fee? If he does ring, you help him. Yet you should be paid. So why shouldn't you be paid even by the government? I feel that the American practitioner has been confused on this issue. He has been made to see the socialization of medicine as a bugaboo. The panel system of England has been held up to him as a horrible example. Be it remembered that the panel system grew out of dire need almost a quarter of a century ago. It has improved and is continuing to improve. However, there is no reason why we, if and when we make a change in our plans, should adopt the panel system. We have the advantage of having seen its mistakes and as a result we are in a position to profit by them.

You may recall that about a year ago a large number of leading physicians in this country, including a Nobel Prize winner, professors from Harvard, Yale, and Pennsylvania Medical Schools, made public a medical declaration of independence. Their program was based on one simple statement: "The health of the people is the direct concern of the government." These men did not leap from this premise to an extreme conclusion that envisions all "doctors" paid by the state, and all patients regimented into state hospitals. No responsible or important group advocates such a system, although the American Medical Association attempts to give the impression that that is what socialized medicine means. Between the extreme and the present utterly inadequate service there is a happy medium. Are you delegates seeking this medium?

Do you realize the federal goverment spends millions annually to study and combat the diseases of cows, horses, wheat, fruit, and so on, and that as a result of these studies billions of dollars have been saved? Compare these amounts with what is spent in research for the prevention of dental caries. It is all very well to say that dental service should be administered without government aid. Is it not a fact that it does not and cannot be? Don't you think that changes must come? Don't you believe that they will come whether organized "doctors" participate in them or not?

Don't you believe that large expenditures by the government would without doubt help rapidly in the spreading of knowledge of preventive medicine? Don't you believe that the spreading of such knowledge would immedi-

ately bring more patients to the "doctor," thus aiding him economically? Don't you believe it would ultimately rehabilitate those who at present cannot afford a "doctor" because of illness which means economic instability?

Educating The Public

You men have been actively engaged for many years trying to educate the public to the necessity of dentistry. It is true that your efforts have been beneficial, but have you really been able to make the American public dental conscious? Compare your efforts through these years with the work accomplished by the Public Health Service in its fight against venereal infections. Within a short space of time the American people have become conscious of venereal diseases, and today everywhere the demand for treatment exceeds the ability to render service. Think, then, what it would mean to dentistry were Uncle Sam permitted full steam ahead to educate the public to the need of dental health. The response expected could be almost as great as that to information on venereal infections. It needs no great stretch of imagination to see just what this would mean to the dental practitioner.

We cannot hope to reach a Utopia immediately, but we can, by careful planning and experimentation, start the ball rolling in a satisfactory manner. I, therefore, suggest to you that, instead of assuming an arrogant and vindictive attitude toward those people who are trying to put forth a plan of government medicine, you should tackle this problem with them, shoulder to shoulder, advise with them, and counsel with them as to the best means of procedure. In this way the American Dental Association can blaze a new trail of humanitarian thought.

A few months ago in an article entitled OPERATE NOW[3] published in ORAL HYGIENE, I suggested a plan whereby the practice of dentistry could be kept within the bounds of organized dentistry. However, the scenes change swiftly these days, and this plan, together with other plans, now belongs to the past. The National Health Conference, followed by the suit of the Attorney-General,[4] gives positive evidence that the solution to the American medical problem is passing, in all but name, out of the hands of organized medicine. You may be agreed that you do not want the government stepping into the practice of medicine. But don't you think that the average practitioner has been misled, and frightened, even, by the propaganda now in force which insinuates that this would be a bad thing?

In your crowded hours at the convention, where much work must be accomplished, do you think you would be able to find time to give thought to the ques-

[3]Ronkin, S. H.: Operate Now, ORAL HYGIENE 28:774 (June) 1938.
[4]Editorial, The People Ask for Medicine, ORAL HYGIENE 28:1160 (September) 1938.

tion of a Secretary of Health, a new member in the Cabinet, who would be appointed by the President? What powers would you give this Secretary of Health?

Do you believe it is possible to receive government aid without political control? Is it not a fact that the public health service as it now exists can be used as a pattern and, by proper expansion, be utilized for a national health plan?

Could professional men be put under the thumbs of politicians and kept there, or do you believe that, because of a higher intelligence, the professional man would not allow himself to be coerced?

Is it not a fact that the propaganda put forth by our associations against government medicine is somewhat far-fetched, and as a result thereof a good many "doctors" fear the socialization of medicine? Whereas, if the story were presented to them in the proper light, the majority of professional men would favor socialization because of its advantages.

Is it not a fact that our educational institutions in this country are fairly free of politics? Is it also not a fact that our school systems are the finest in the world?

Don't you think it would be advisable for "doctors" to fit themselves into a plan which would be similar to our present educational system?

And, lastly, don't you think that, by merely assuming a negative attitude toward a situation that is becoming more pressing each day, you are overlooking an opportunity to be of real service?

These, I think, are pertinent facts which should receive much consideration from you. No matter what you do, what plans you adopt, please do something of a constructive nature, something of your own. Do not be guided by the American Medical Association. You delegates must bear in mind that you are the leaders of dentistry and, as such, you must be able to think years ahead of those whom you represent. Are you capable of such long-range thinking? From the beginning of time no leader was ever successful who could not keep well ahead of his constituents. Therefore, you must do something which will put dentistry in the proper light before the American people. Let us once and for all show that we are able to do things on our own, that we have constructive thoughts, and that we know how to make use of them.

Respectfully yours,
S. H. RONKIN, D.D.S.

2100 *Walnut Street*
Philadelphia, Pennsylvania

WHAT DENTAL PATIENTS SHOULD KNOW ABOUT DIET

by WILLIAM H. STURM, D.D.S.

THERE SEEMS TO BE no unanimity among members of the dental profession as to the rôle diet plays in its effect upon oral structures. Some maintain that diet is not a factor in the preservation of oral health, while others argue that oral health is dependent upon the intake of adequate food, which, in the light of new findings in the field of research, must be interpreted to include a restriction of refined carbohydrates. I adhere to the latter belief, being firmly convinced that food is the determining factor in producing oral conditions.

Adequate nutrition spells normal bodily growth and health. On the contrary, inadequate intake of food leads to a poor constitutional condition and failing oral structures. There can be no detachment of general health from oral health. Nutrition offers the dental profession the best means of real preventive treatments.

If we give credence to the theory that adequate nutrition means caries-resisting teeth and vigorous investing tissues, members of the dental profession should put themselves in a position to give their patients the benefit of this knowledge. The true office of the professional man is to prevent rather than to cure. Such a philosophy will create an ideal patient-dentist relationship.

In the following paragraphs I will discuss the *modus operandi* of the application in practice of the foregoing theory. For fifteen years I have been a general practitioner, however, it is only seven years since I have begun to observe the effects of adequate nutrition on the oral structures. During the last three years an intensive program has been followed in my office, under which each patient, requiring instruction in diet and displaying a cooperative spirit, has been given necessary information. I make no claim to any new discovery, but because of the remarkable results I have obtained, I commend diet instruction to the members of the dental profession in general practice.

During the progress of a prophylaxis a dentist has an excellent opportunity to note the character of the teeth and investing tissues. He may note rampant caries and bleeding gums, or caries resisting teeth and hard pink gums. To a diet conscious operator, these conditions can mean just one thing: rampant

caries and bleeding gums indicate that the patient is suffering from some form of malnutrition, while caries resisting teeth and firm pink gums mean a good general nutrition in the broadest sense of the term. To me these are incontrovertible facts, regardless of apparent evidence to the contrary.

It will require some probing into the eating habits of a patient to learn the true status of his nutrition. A dentist need not be too inquisitive, neither need he be sphinx-like. A happy medium can be found, and a fair estimate of a patient's diet can be made, based on the information given. After questioning about two thousand patients during the last seven years, I have learned that not many Americans have anything but the following for their food:

Usual American Diet

Refined Foods—white bread, buns or rolls, coffee cake, crackers, oatmeal, doughnuts, jams and jellies, cakes and cookies, white sugar, pop or coca cola, beer, candy, and too sweet ice-cream.

Dairy Products — insufficient milk, some butter, and a little cheese.

Vegetables — improperly prepared vegetables, sprig of raw celery, one-eighth head of lettuce, a few spoonfuls of cold slaw, and a slice or two of tomato.

Fruits—occasional fruits.

Meats—beef, pork, fish, and hot dogs.

Recommended Basic Diet

Compare the following list of foods for daily consumption with the foregoing, all of which are rarely found in the usual American diet.

Dairy Products—a pint to a quart of milk, one-eighth pound cheese, one-sixteenth pound butter.

Vegetables—eight ounces of two raw vegetables, selected from the following: lettuce, cabbage, carrots, celery, cucumber.

Fruits—eight ounces of fresh citrus juice.

Supplementary Foods—whole grain bread, whole grain cereal, potatoes with skins, one-quarter pound lean meat or fish, a thousand units of Vitamin D, and an egg.

I consider that the foregoing list of foods represents a basic diet. The amounts mentioned should be taken daily. After this basic diet is taken each day, some of the foods in the first list may be consumed.

Explains Diet

The second list is presented to the patient, usually at the second visit to my office. But something more is necessary. I know that the patient will want to know why these foods will be better for him. This list of foods, without instructions and reasons why, is not effective.

It is an oft-recurring experience of operators to hear a patient exclaim, "Gracious, what a large cavity," as the dentist pro-

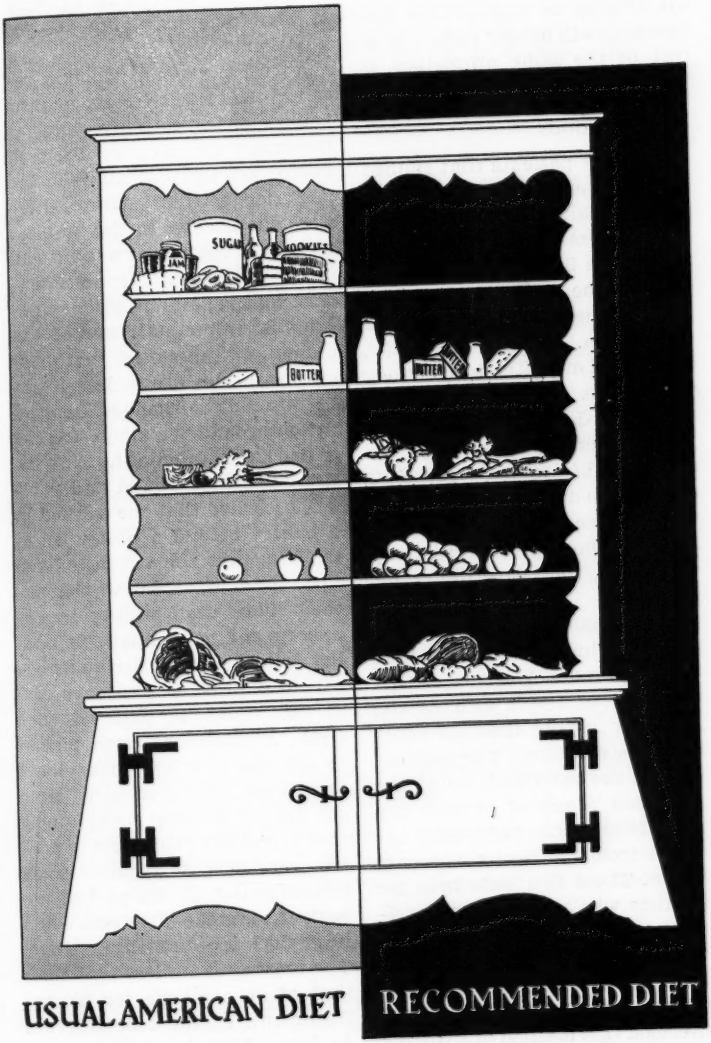
ceeds to excavate soft rubbery dentine from the crown of a tooth in which the patient thought there was but a small cavity. I take advantage of this curiosity on the patient's part and tell him that his teeth are breaking down because they lack minerals. I tell him his teeth lack lime, to use a common term. This manner of explaining to him the carious process is rather crude, but effective. I tell him that if he took a sound extracted tooth and crushed it with a blow from a mallet, the remains would be a small pile of minerals not unlike lime. I further tell him that if the water were driven from vegetables, the remains would likewise be a tiny heap of minerals. The inference is readily grasped. He reasons correctly that he must consume food having in it minerals, of which some of the most important are, fruit, milk and raw vegetables.

I tell the patient that he must incorporate in his daily intake of food the ones listed in the basic diet given here. It contains what are known as *protective foods*. They contain the substances in them which protect the body, not only against oral disturbances, but also against most other bodily ailments. These protective substances are known as vitamins.

I make the patient understand that the only way he can prevent his teeth from decaying is to include the protective foods in his diet. I tell him that bleeding gums result from a constitutional condition known as scurvy. This word is readily understood by the patient; whereas, the professional term of gingivitis would not carry any meaning. I tell him he can avoid bleeding gums, if he will consume *adequate amounts* of fruits and vegetables daily. I tell him that fruits and vegetables contain the vitamin C, which when included in the diet, protects the gums from disease.

It is likely that the patient has never before connected his dental disability with the food he ate. I do not give the patient the impression that he is to go on a diet, for that would remind him of hospitals, or of a diabetic relative. I tell him he needs to change his eating habits. It is just as easy to have correct eating habits as it is to have incorrect ones. I find that it usually requires three or more appointments to get the nutrition story over.

I inform my patient that it is just as important to know what foods should not be eaten as to know what foods should be eaten. In the light of recent reports of our research workers, and their reports are in accord with my observations, it cannot be stressed too much, that if one wishes to possess optimum oral health, the refined foods, such as candy, cake, cookies, soft drinks, and products made from white flour, should be shunned. Reports come to me stating that a certain percentage of people are immune from dental caries, regardless of their consumption of refined foods. This has not been my observation. It is my opinion that


SUGAR
JAM
COOKIES
BUTTER
BUTTER
USUAL AMERICAN DIET
RECOMMENDED DIET

all persons suffer from dietary errors. Save when certain persons are affected by degenerative diseases, all will benefit from a basic diet in the same proportion as they adhere to it.

Refined Foods

I tell my patients that refined foods are arch enemies of good general health. Their presence in the diet seems to nullify the proper use by the body of foods listed in the basic diet. Just how this is brought about I am unable to explain. Results are what count, and of all the instructions to patients regarding the prevention of dental disease, I place, *first*, a more than ordinary restriction of refined carbohydrates. I tell my patient to obtain his carbohydrates in the form of whole grain cereals and vegetables, the latter preferably raw.

Mass application of the few dietary principles outlined here would do more, I believe, to lift the level of the health of the American people than all other measures combined. The application by the rank and file of the American people of present day knowledge of the relationship between food and health has only begun. There is a wide field for dentists who will become nutrition conscious. No greater service can be rendered to a patient than by giving instructions on correct diet. Dentists should not overlook this method of assisting in maintaining the loyalty of their patients.

I cite this case history among many in my files as an example of what diet instruction did for a patient.

A young woman, 22, had received dental service six months before coming into my office for treatment. Examination disclosed twelve well polished alloys in the posterior teeth. In addition there were six silicates in the anterior teeth. Her complaint was that all of her teeth hurt. They were tender to biting pressure. Roentgenographic and mouth mirror examinations disclosed ten new cavities and a brown line forming around the silicates. Deterioration around the alloys was not so marked as around the silicates. Her gums were puffed and swollen. I learned that she worked in a bakery behind a pastry counter, and that she virtually lived upon pastries. Here was a patient more than willing to cooperate and, accordingly, I placed her on a basic diet. Her gums began to improve in two days and in two weeks all pain left her teeth. Restorations were placed in all the cavities under local anesthesia. In six months' time she did not develop a single new cavity, and her gums were in perfect condition. It requires some determination on the part of the patient to forego all sweets when he or she has been living on them. The craving is no less real than that of an alcoholic for his refreshment. In the case referred to here, further changes were noted in the patient. She gained five pounds, the pimples left her

face, her teeth became whiter, and her well being was marked.

A discussion of the relation of diet to dental disease is liable to lead one on various bypaths. There are many ramifications. My only hope in setting down my observations and suggestions is that I may arouse other dentists to write of their experiences in this field. From the volume of reports, the facts about diet can be sifted for the benefit of all.

7310 *Woodward Avenue*
Detroit, Michigan.

DENTAL MEETING DATES

American Dental Association, eigthieth annual meeting, St. Louis, Missouri, October 24-28.

American Academy of Periodontology, silver anniversary meeting, Coronado Hotel, St. Louis, October 20-22.

American Academy of Restorative Dentistry, St. Louis, October 22-23.

American Society for the Promotion of Dentistry for Children, Jefferson Hotel, St. Louis, October 24.

Pan American Odontological Association, second annual meeting, Hotel Statler, St. Louis, October 24.

American Dental Assistants Association, fourteenth annual meeting, DeSoto Hotel, St. Louis, October 24-28.

Association of American Women Dentists, seventeenth annual meeting, St. Louis, October 24-28.

American Society for the Advancement of General Anesthesia in Dentistry, Belmont Plaza Hotel, New York City, Monday evening, October 24.

Eastern Dental Assistants Society, second meeting, at 145 West 57th Street, New York City, 8:30 P.M., October 26.

Marquette University Dental Alumni Association, annual meeting, Milwaukee, Wisconsin, November 11-12.

Greater New York Dental Meeting, fourteenth annual meeting, Hotel Pennsylvania, New York City, December 5-9.

Greater Philadelphia Annual Meeting, Benjamin Franklin Hotel, Philadelphia, February 1-3, 1939.

Chicago Dental Society, Midwinter Meeting, Stevens Hotel, Chicago, February 13-16, 1939.

Five State Post Graduate Clinic, eighth annual meeting, Mayflower Hotel, Washington, D. C., March 5-9, 1939.

A HEALTHY MOUTH IS NOT ENOUGH

by MARGARET PUTERBAUGH

IN OCTOBER, 1936, in the pages of ORAL HYGIENE, there was coined a new word, "Diqs," one which I hoped would find its way into the dental vocabulary. However, this ingenious word has apparently been allowed to die as soon as it was born, for after scanning the dental literature of two years, I find no further reference to the disease "Dental Intelligence Quotient Subnormal" which Doctor Leonard[1] so aptly and amusingly named the "Diqs."

Except through the exaggerated and often misleading advertisements of the tooth paste makers, the world to date does not seem to know that an attractive mouth is part of an attractive personality. I am not sure that even dentistry is convinced. One has only to glance over a group of dentists and their wives, to see how many are satisfied with serviceable but ugly restorations.

After five years of noting and reading my husband's dental journals, I find only two phases of dentistry in which the profession lays any emphasis on beauty; namely, orthodontia and prosthetics.

The emphasis on orthodontia is self-evident, but why should this emphasis die within the pages of the dental journals? I have yet to see, in the pages of a general magazine, any discussion by a dentist of orthodontia and its benefits, though there are thousands of parents who would be interested in such articles just as they are interested in articles relating to their children's diet, tonsils, or posture habits.

The emphasis on beauty in dentures likewise is restricted to technical discussion in professional journals. Moreover it seems that this emphasis comes belatedly. It ought to start long before the patient arrives at the denture stage.

"Now he's smiling through" and "Now I enjoy my meals" may be excellent advertising slogans for artificial teeth, but why wouldn't they be just as effective slogans for a nice piece of bridgework or some good restorations? If "No one dreams she wears them" is a good advertisement for the latest style of denture, why wouldn't it be just as good for porcelain crowns?

Among the recently encouraging pleas for publicizing the hygienic aspects of dentistry, no more vivid argument has been

[1]Leonard, J. P.: The Silly Smiles of Prominent People, ORAL HYGIENE 26A: 1304 (October) 1936.

made than that of Doctor Edward Samson when he writes that the world must be given its dental education "in the language it understands—violent, dramatic journalese."[2]

Dentistry has a dual rôle to play. Its major rôle is, of course, mouth hygiene and oral health. Its second rôle or mouth beauty may be classified as minor, but this minor status does not minimize its importance. The person afflicted with the "Diqs" may be just as handicapped in an interview for a position as the person afflicted with dental caries.

Affects Personality

I once knew a salesman who had been rated very good, but whose sales, for some unaccountable reason, began to diminish to an alarming degree. Finally in desperation the salesman sought out an eminent psychologist in a leading university. Professor Psychologist diagnosed the trouble as a repellent personality caused by several gold crowns which lit up the salesman's smile. The objectionable gold crowns were replaced with porcelain jackets, and the salesman's volume of business immediately shot upward. Whether this sudden increase was due entirely to an attractive mouth may be debatable, but undoubtedly its influence was important.

The women of my acquaintance each spend from $25.00 to $50.00 annually in the beauty shop. Their dental bills average from nothing to $5.00, and they think dental fees are exorbitant. The whole thing is a matter of propaganda. Though getting a permanent wave is no more comfortable than having a restoration placed, the propagandists have made these women entirely willing to pay from $5.00 to $10.00 for a wave that lasts six months, and they overlook the discomfort. If the dental profession really wanted to, they could make these same women just as willing to pay from $5.00 to $10.00 for a restoration that will last years, and overlook the discomfort.

Some time ago I attended a party where there were assembled twenty-five well-dressed women. I took the trouble to look around me. I saw twenty-four curled heads, I counted nineteen sets of carefully manicured hands, and eight sets of good looking teeth. To make this group really attractive there was visible need of at least $200 worth of dental work, and you can guess how much invisible need for their health's sake.

Nor are women the only sex benighted as to dental matters. The ignorance and indifference of the men are just as appalling if not so readily dramatized.

Where is the dentist who has not had a patient say to him, "There's no use fixing 'em up, Doc, I'm going to lose 'em someday anyway?" But did you ever hear a man say to his barber "No use putting that dope on my hair.

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[2]Samson, Edward: Talking of Violence, Dental Items of Interest 60:242 (March) 1938.

I'm going to lose it someday anyway." No, you did not. This man keeps his hair well-groomed even though he does know that some day he will be bald. He keeps his clothes cleaned and pressed even though he knows that next year his suit will go into a hooked rug.

To enlighten these men and women dentistry must tell its story "in the language they understand," which as Doctor Samson so forcibly puts it, is advertisement "colorful and dramatic."

Healthy teeth and good looking teeth should demand their share of attention from beauty specialists, hygienists, and medical journalists who edit departments of good looks and good health in our national magazines. Newspapers run daily columns on the care of skin, hair, hands, and figure. They disseminate information about flat feet, tuberculosis, and stomach ulcers.

On the other hand the only items one ever sees about dentistry are those occasionally found in the "Good Health Column" written by U. Askme, M.D. who has gone to his library and culled a few random remarks about the relation of teeth to rheumatism, which he may or may not retell accurately.

Much has been written about letting the tooth paste advertisers broadcast the propaganda for good teeth. More might be written about the habit of leaving the dissemination of dental education to the remarks occasionally included in the medical column.

While preaching the cause of beauty, I do not minimize dentistry as a branch of the healing art. But among other things, the world is sick for beauty, and beauty is a mighty healer. The power of beauty is recognized in every phase of life today.

Hospitals for the treatment of mental diseases have discovered that restoration of pride in one's personal appearance is a potent source of cure.

Business recognizes the power of beauty in the landscaped grounds around its factories, and in its artistically appointed offices. Executives want good looking secretaries, and now even superintendents of schools announce that they will employ only attractive well-groomed teachers.

A typical case is my pretty friend Louise. Her one time men friends say to me, "What's the matter with Louise? She's certainly fading." Twice a year Louise spends $6.00 for a permanent wave, and every two weeks she spends $1.00 to have this wave reset, but she will not spend $20.00 for a bridge that may last her twenty years. Louise has heard that an ungroomed head is unattractive; she has never heard that a hole in the front of one's mouth is equally unattractive.

Who is going to tell her? The dentists I know remind me that it takes time, money, and effort to educate the public. They say they are too busy trying to maintain their own practices to spend the necessary hours on something


Beautiful
FUR
COATS
$450.00 UP
SPEED
BEAUTY
$1055
$69.50
You'll be Lovely
for BEAUTY and ALLURE
$10.00
Francois
Permanent
LOOK
THE PART...
Custom Made
TUXEDOS
only $75.
IMPROVED TECHNIQUE
FOR UGLIER
AND CHEAPER
RESTORATIONS

that does not bring an immediate return. Some of them are too consumed with professional jealousy or with their own success, to be interested in anything that might redound to the benefit of their competitors. Others tell me that to advertise dentistry for good looks as well as good health is unethical.

I assume that these members of the American Dental Association represent the common opinions of their society.

Still other dentists apparently think their prices are too high. Doctor Kiwanis, for instance, replied to my friend Virginia, "A bridge will be expensive—probably $45.00." Naturally having been told by her dentist that a bridge was expensive, Virginia thought so too, and did not get the bridge.

The furrier who sold Virginia her fur coat did not say "Alaska seal will be expensive—probably $450." He said, "This seal coat at $450 will make you a warm, beautiful, and durable coat." She bought the coat.

The dental profession owes to the public as well as to itself the responsibility to see that more people are equipped with million dollar smiles. Myself an unwilling victim of the "Diqs," I can testify that at least one dentist overlooked not only his duty but a good sized fee.

804 *South Race Street*
Urbana, Illinois.

STATE BOARD EXAMINATIONS

The October examination of the Ohio State Dental Board will be held at the College of Dentistry, Ohio State University, Columbus, the week beginning October 24. All applications must be in the hands of the Secretary, Morton H. Jones, D.D.S., 1553½ North Fourth Street, Columbus, at least ten days before date of examination.

The National Board of Dental Examiners will hold a session for the examination of candidates in Parts I and II on December 2 and 3 in cities where five or more candidates are present for examination. For information write to Morton J. Loeb, D.D.S., 66 Trumbull Street, New Haven, Connecticut.

Connecticut Dental Commission, regular examination for license to practice dentistry and dental hygiene, December 1, 2, and 3, Hartford. Applications should be in the hands of the Recorder at least 10 days before the meeting. For information wire to Almond J. Cutting, D.D.S., Southington, Connecticut.

COURAGE *Shapes New Career For* DENTIST

by ELAINE FORD

EARLY THIS SUMMER, when colleges throughout the United States were graduating thousands of young people, all very much alike —young, ambitious, hopeful— the University of Arkansas, at Fayetteville, had its graduating class, like all the others, but one of its graduates was different from the rest.

When the graduates of the law school of the University of Arkansas stood up to receive their degrees, among the honor students was a modest, charming, brilliant man, thirty-nine years old and totally blind. He was Doctor David Lee Mallory, formerly a dentist in Tulsa, Oklahoma.

The average dentist, had he been in the place of Doctor Mallory eight years ago, would have given up in despair. For, in 1930, a disease of the optic nerve, which had been impairing Doctor Mallory's vision for a long time, finally deprived him entirely of his sight. He could not continue his dental practice; there is no starting over in the dental profession when sight is gone. Likewise, the electrician's trade, which he had followed for a while in his youth, was now closed to him. His life's work was destroyed, his years of study and hard work wasted, his career cut short at the age of 31. For most men it would have meant the end, but for Dave Mallory it was only a beginning—the beginning of eight years' heroic struggle to overcome his handicap and find a new place for himself in the world. The struggle culminated last June in his graduation with honors from the University at Fayetteville, Arkansas.

At the time the United States entered the World War, Mallory was studying medicine at Kansas State Teachers' College, in Pittsburg, Kansas. He left school to enlist in the navy and was assigned to a hospital ship. He never went overseas, but was stationed at Philadelphia, Pennsylvania, for eighteen months. After the war, he received his discharge and returned to Kansas. Even at that time his eyes were causing him annoyance, and he was forced to consult a specialist. But the discomfort was not sufficient to prevent his taking up dentistry. He enrolled in the Western Dental College at Kansas City, Missouri, and received his degree in dentistry there in 1923.

That same year Mallory went to Tulsa, Oklahoma. He practiced dentistry there for five

years, won many friends, and was active in social and civic circles. Then the strain of practice began to tell on his eyes. He was compelled to leave his office a year and have treatments. He was under the care of physicians in Saint Louis for about sixteen weeks, and then went to Hot Springs, Arkansas, for further treatment. But oculists could do nothing for him. Hemorrhages in the retina kept occurring and the optic nerve was dead. Back in Tulsa in 1929 Doctor Mallory tried to go on with his work, but he suffered a severe stroke caused by retinal hemorrhages and was forced to give up dentistry for all time.

Friends and relatives believe that overwork was largely responsible for Mallory's illness. He

DAVID LEE MALLORY, D.D.S.

was accustomed to read and study late at night, after a full day at the office. He has a retentive memory and can assimilate the content of a book in one reading. When he starts a book, he usually does not put it down until he has read it through. Many times he would read all night and go right to work the next day without having had any sleep. When he was not working or reading, he was usually hunting, fishing, or golfing. A man of boundless energy, he scarcely knew how to rest.

The stroke he suffered left Mallory in no condition to work, and although he was not yet totally blind, he realized that he soon would be. Turning over his practice to a friend, he moved to Hot Springs, Arkansas. There, unwilling to be dependent on others, he spent his time, when he was not having his eyes treated, in learning to use the typewriter. He now writes all his own letters, and although he makes mistakes, they are comparatively few. Later, while living in Little Rock, he taught himself the Braille system and now not only reads, but also plays cards by the system.

In 1935, Doctor Mallory entered the school of law at the University of Arkansas, in Fayetteville. More than ten years older than his average classmate, and handicapped further by blindness, he did not have a pleasant prospect. Moreover, he had to have a companion to read his law books to him. But in fifteen years of life in the professional world,

Mallory never forgot how to study. During the three years he spent in law school he made an excellent record, with many "A" grades. In his last semester at the University he had a five point two five average, a six average being perfect. The dean of the law school has stated publicly that the class graduated this year was the best in many years, and all because of Dave Mallory. Mallory made such excellent grades, despite the handicap of blindness, that the younger students, who had no such handicap, were ashamed to fall behind.

While in Hot Springs, Mallory made many fast friends among the physicians. They would often take him on fishing trips and outings with them. He has always been an exceptionally good fisherman, and is yet, despite his blindness. He is an expert fly-fisher. In his own words, this is how he does it:

"The negro paddles the boat, and I visualize the face of a clock. The boat is headed toward twelve o'clock and my right hand is three o'clock. My left hand is nine o'clock. The negro says, 'ten o'clock, forty feet,' and I put the old plug right there." His accuracy is uncanny. He invariably casts within a foot or less of the spot indicated.

Next to fishing, Doctor Mallory most enjoys swimming, which affords him exercise and good fun without the danger of spraining his ankle or bumping his head. Blindness is no handicap to him in the water, he says. He also

Doctor Mallory exhibiting a prize catch of fish.

bowls occasionally with the students and faculty of the University, and enjoys it, but has never been able to break 140. Usually he bowls around 100.

During his entire time in the University, Doctor Mallory joined wholeheartedly in the activities and fun of the students, for whom he has nothing but the highest praise. He evidently does not feel, as do so many, that the younger generation is going to the dogs.

Mallory was a good bridge player before he lost his eyesight,

(*Continued on page* 1301)

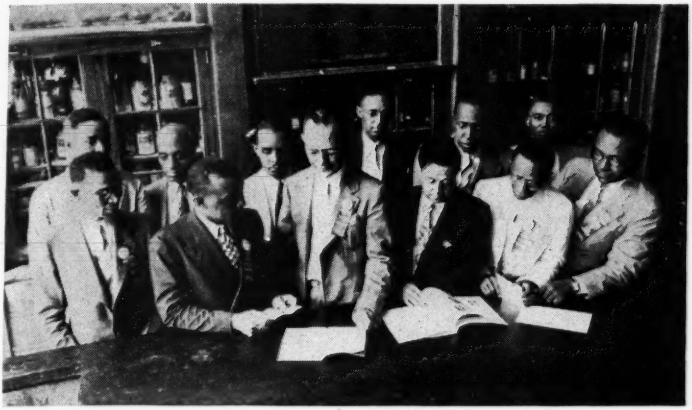
NATIONAL DENTAL ASSOCIATION

Silver Anniversary Session

THE NATIONAL DENTAL ASSOCIATION celebrated its twenty-fifth year as an organization of Negro dentists at an annual meeting in Chicago, August 9-12, at the Du Sable High School. Among the 1750 Negro dentists in the United States, the 500 members of this Association are fully aware of the complexities of the problems of dental health education and distribution of good dentistry among the 12,500,000 members of their race in this country.

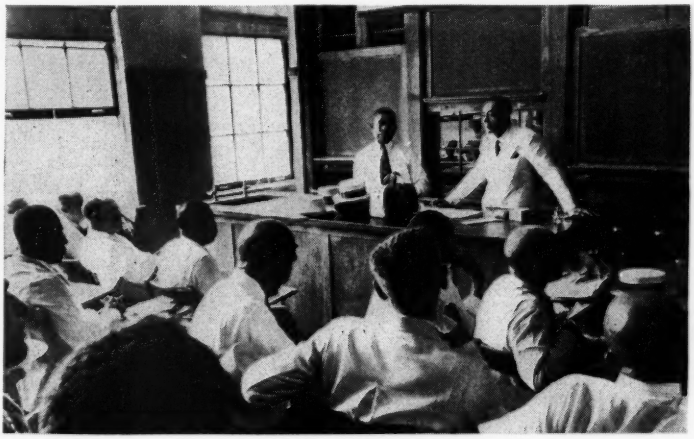
Speakers pointed out that only two states have provided dental clinics for Negro school children; only 15 per cent of the Negro population of America ever see a dentist at all; and only about 10 per cent see one regularly. The unfilled dental needs of the adult Negro population are indicated by the activity of the Lincoln Dental Society in Chicago in contributing more than $100,000 in charity care in the last year, all of which services were performed in private offices. A plan for National Oral Hygiene Week October 16-22 has been formulated by the National Dental Association; Negro dentists will be sent to public schools to give lectures; and an attempt is to be made to interest city and state health departments in the dental problem of the Negro.

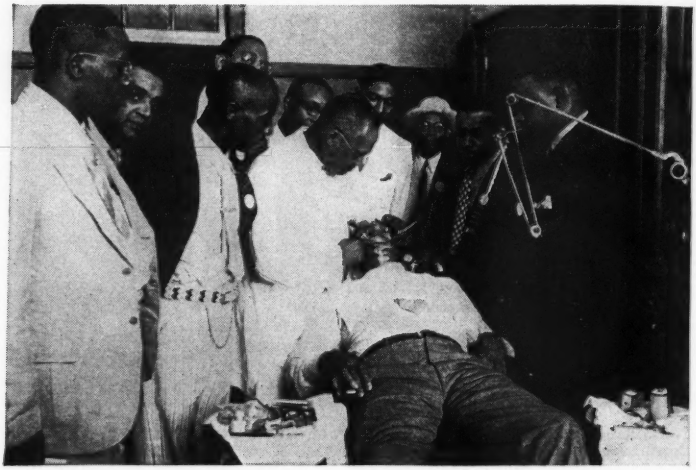
R. E. Beamon, left of Cincinnati, Ohio, president of the National Dental Association is welcomed to the Chicago meeting by S. C. Hamilton of the local entertainment committee, the president-elect of the national organization.



Committee of the Lincoln Dental Society of Chicago to entertain the National Dental Association. Front row (left to right) E. A. Roett, Herman N. Brown, vice-president Lincoln Dental Society, T. F. Harmon, general chairman of local committee, S. C. Hamilton, president-elect National Dental Association, J. Mansfield Dean, secretary Lincoln Dental Society, and Charles H. Woodard. Back row, Maurice R. Herbert, president Lincoln Dental Society, H. S. Colum, W. H. Wethers, W. J. Zeigler, D. L. Claiborne, and C. C. Machen.

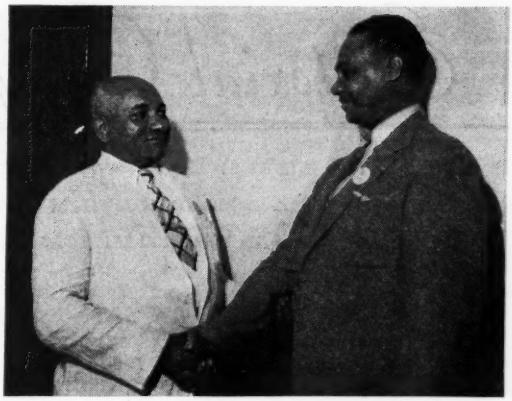
Clinic on the stabilization of lower dentures, conducted by A. L. Frazier (right) of Danville, Illinois, with the assistance of W. J. Walker, Chicago.





In the operative dentistry division a clinic showing cavity preparation under analgesia was given by R. M. Tribbitt of Columbus, Ohio. R. E. Beamon, Cincinnati, the president of the National Dental Association is in the chair.

President of the Ladies Auxiliary of the National Dental Association, Mrs. Vivian Jones Beamon of Cincinnati, Ohio.



Dean of Howard University Dental College, Russell A. Dixon (right) of Washington, D. C., and D. H. Turpin, Dean of Meharry Dental College, Nashville, Tennessee, exchange greetings.

Executive Board of the National Dental Association in session at the convention. Seated around the table, left to right, R. E. Beamon, Cincinnati, president, E. W. Taggert, Birmingham, Alabama, chairman, S. C. Hamilton, Chicago, president-elect, C. B. Absalom, New York City, S. J. Cullem, Jr., Houston, R. W. Hill, Clarksdale, Mississippi, regional vice-president, M. D. Wiseman, Washington, D. C., chairman national program committee, D. H. Turpin, Dean of Meharry Dental College, Russell L. Dixon, Dean of Howard University Dental College, Charles W. Dorsey, Philadelphia, and S. B. Smith, Ambler, Pennsylvania, assistant-secretary. Back row, standing, left to right, W. J. Howard, Houston, Texas, vice-president, Millard R. Dean, Washington, D. C., member publicity committee, Maurice R. Hebert, president Lincoln Dental Society of Chicago, J. A. Jackson, Charlottesville, Virginia, secretary-treasurer, seated, W. M. Springer, Cincinnati, Ohio, regional vice-president, L. A. Howell, Tampa, Florida, and E. L. Harper, Saint Louis, Missouri, regional vice-president.

Photographs By: Curt Gottschalk, Evanston, Illinois.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. *John Milton*

THE SPIRIT OF SAINT LOUIS

AN AIRPLANE THAT carried a young man alone across the Atlantic Ocean was named "The Spirit of Saint Louis." This name has come to be associated with audacity, pioneering, and resourcefulness. The American Dental Association has announced that "Dental Health for American Youth" is the spirit of the Saint Louis Meeting. It is inconceivable that anyone would take exception to this objective, but to carry this "Spirit of Saint Louis" to the American nation will require a kind of daring and audacity of professional thinking comparable with that of the young man who flew an ocean alone. If American youth is to have dental health, it means that the facilities for care must be available to *all* children. It does not mean that only children on the upper crust of the economic strata are to be served. It means that all children, those in the families of the well-to-do, the middle group, the marginal families, and those 13,000,000 children in the families of people on relief are to be served.

At the National Health Conference in Washington, constant emphasis was placed on health for the child. For the 13,000,000 children in relief families, it was proposed to spend $10.00 a year each for medical care. If the usual ratio holds, that means that out of each dollar spent for medical care, 12 cents will be spent for dentistry.[1] We know that for $1.20 a year per child no dental treatment that is worthy of the name can be produced. There is probably not a single dental operation on the permanent dentition that could be given for that amount. But the emphasis is on the child. A recent publication by the United States Public Health Service keys in with the attitude of the social and economic planners with respect to health care for the child. This study in dental caries ends with a far reaching proposal:

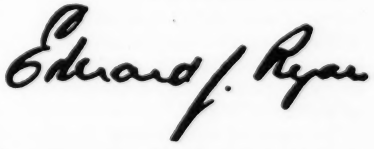
[1]Medical Care for the American People, The Final Report of the Committee on the Costs of Medical Care, Page 15, The University of Chicago Press, 1932.
[2]Studies on Dental Caries, Page 13, U. S. Treasury Department, Public Health Service, Washington, D. C., 1938.

During the initial year of operation of the plan complete dental treatment would be supplied for all carious defects in the permanent teeth of all children in the first grade of the elementary schools. During the following year, complete care would be provided for caries appearing in the permanent teeth of all new first-grade children and for the increment of new carious defects appearing in the second-grade pupils who were treated the preceding year. During each of the succeeding third, fourth, fifth, sixth, seventh, and eighth years, accumulated defects in first-grade children entering the school population during these respective years would be treated and new increments of defects, contributed by each grade treated in earlier years would be given dental care. It is apparent, therefore, that the suggested plan provides that complete dental care be given for each group of new first-grade children plus treatment for new increments of caries appearing in the permanent teeth of the children, as they progress from lower to higher school grades. After the operation of the plan for 8 years, all grades of the elementary school population will have received, systematically, treatment for yearly increments of defects.[2]

The implications in this statement are clear. It is a suggestion for compulsory dental care for all school children up to the age of 15. Although no statement is made regarding the cost of the plan, how the dentists who cooperate are to be paid, or what department is to administer it, we must be impressed with the fact that the suggestion comes from a responsible source, the United States Public Health Service, and unquestionably represents the point of view of health administrators. The plan does not suggest where the services are to be given, whether to be performed in clinics associated with the school system or in the offices of private practitioners.

What position will the House of Delegates take to vitalize the spirit of the Saint Louis Meeting, "Dental Health for American Youth?" Are the delegates prepared to accept the far reaching suggestions made in the publication of the United States Public Health Service?

In the past our dental meetings were arenas of debate on scientific and technical subjects. We reached the public and drew their attention on this limited field of interest. But things are different now. The public, through every vehicle of enlightenment, has heard the arguments for a national health program; they have begun to think in those terms. They will be listening for our suggestions from Saint Louis.



Belle (Missouri) Banner: George W. Tainter, Sr., a dentist of Saint Charles, the only surviving Union veteran in Osage County, celebrated his 97th birthday recently. On the occasion he recalled with enthusiasm his Civil War experiences. Wounded at the second battle of Bull Run, he later recovered, became an Ensign in the United States Navy, serving on the "Samson" and the "Choctaw," and received a bronze medal for commendable service.

A native of Boston where he graduated from a dental college, Doctor Tainter moved to Linn, Missouri, in 1878. There he practiced dentistry for almost fifty years, retiring in 1926, and moving to Saint Charles.

Warren (Pennsylvania) Times-Mirror: Doctor Milton J. Waas, Chief of the Dental Division, Pennsylvania Department of Health, advocates a safety program for the conservation of teeth.

"In view of conditioning propaganda for safety in industry, traffic, and other everyday activities," Doctor Waas observes, "it would seem high time to teach the idea of people playing a safety first game with their teeth. If the general public could only be made to realize how vital to our welfare such a program would be and how much pain and expense could be saved by going to a dentist every six months, they would more readily join the movement to 'protect your teeth.'"

Memphis (Tennessee) Press-Scimitar: Frank Pritchard is a competent dentist and an expert golfer. But for his farm he reserves his greatest enthusiasm. Ever since he was seventeen and rode and herded cattle in the wilds west of Dyersburg, Doctor Pritchard has longed to own a piece of the wilds. Last year he and E. F. Waters bought 600 acres of "the richest land in Tennessee."

Without delay they moved a sawmill into the wilderness that was too thick for tractors. Perfectly duplicating the pioneer spirit they cut timber to sell for railroad ties and to build farm buildings. Now a sizeable part

of the land is cleared so they can raise cotton, corn, and many kinds of vegetables. There is only one flaw—the land is subject to overflow, but Doctor Pritchard optimistically predicts that a dam built up the river will take care of this.

Kansas City (Missouri) Times: For the third time in six years Chetopa, Kansas, tried this summer to obtain from its citizens approval for the construction of a new water supply system that would be free of flourine. The approval was given when its citizens passed a $2,834 bond issue by a vote of 440 to 140. But the battle, long carried on by J. Scott Walker,[1] dentist and president of the Chetopa Chamber of Commerce, was won by emphasizing, this time, fire hazards and an inadequate water supply, not the danger of the high flourine content causing mottled enamel in the teeth of school children.

San Bernardino (California) Sun: When Lloyd Gilliland, dentist for ten years in Victorville, announced his candidacy this summer for a seat on the Democratic County Central committee, other activities of his came to light. He has been treasurer of the Victorville Democratic committee since its organization, he is secretary of the Victor Valley Union High School Board, and a member of the board of directors of the Victorville non-professional rodeo.

Butte (Montana) Standard: Through dental restorations, Coroner R. W. Ross of Powell County identified the fourth victim of a recent crash near Avon between an oil tank truck and a passenger car. He was Aubrey Dorn, 20, of Thorsby, Alberta. Montana's worst automobile tragedy of recent years was the result of a head-on crash of an oil tank and a car in which four persons met terrible deaths. Fire broke out immediately after the crash and burned for hours, trapping the victims and turning the wreckage into a funeral pyre. All four victims were burned and the bodies of two, which could not be removed for five hours, were badly charred.

Rochester (New York) Times Union: Bartolme J. de la Pena, president of the Havana Dental Association, and nearly a hundred Cuban dentists and their wives spent some interesting hours here on their tour of American dental clinics and manufacturing plants. Travelling in three busses on one ticket that cost nearly $4000, the group covered 3,000 miles in their good will tour of the country, stopping in the leading cities of the east, mid-west, and south.

Los Angeles (California) Daily News: A gold coin, comparable in size to our $20 gold piece, specially minted for him by the Mexican government, has been presented to A. F. Pradeau, a dentist, by Consul Rafael Heredia of Mexico. It was an expression of the Mexican government's appreciation of his three-volume "Numismatic History of Mexico," published this year, which gives an account of the development of coinage in Mexico during 300 years. With 283 illustrations, the history represents ten years of research and compilation of material, some of it from ancient manu-

[1]Walker, J. S.: One Man's Battle Against Mottled Enamel, ORAL HYGIENE 24:340 (March) 1934.

scripts in Spain. Doctor Pradeau, a native of Guimas, Mexico, was formerly associate professor of pathology in the dental college of the University of Southern California.

Mobile (Alabama) Press: At Fort Gaines, Dauphin Island, the day before the opening of the annual Alabama Deep Sea Fishing Rodeo, Doctor Henry D. Chipps, of Corinth, Mississippi, caught a 110 pound tarpon in the Gulf of Mexico. Although his catch was the first and largest, being too early, it was officially ruled out of the rodeo. But Doctor Chipps is still proud of his silver king and the fact that his party virtually won the rodeo carrying off the first, second, and fourth prizes, among 600 deep sea fishers, as well as the boat prize and the silver loving cup for points.

Fresno (California) Bee & Republican: Doctor J. C. Cooper, 81, one of the last surviving signers of the Fresno City articles of incorporation in 1885 and the oldest member of the dental profession living in Fresno, died here on July seventeenth. Originally from North Carolina, Doctor Cooper came West with his parents in 1874 in one of the first parties of emigrants to California over the Union Pacific Railroad. Until eighteen years ago he had practiced dentistry in Fresno.

Bellingham (Washington) Evening Herald: U. P. O'Connor, a dentist, was named 1938-1939 commander of the Albert J. Hamilton post of the American Legion at the annual post election and installed in the office August twenty-ninth. The commander-elect has an excellent record of service both in the American Legion and the Forty and Eight Society, particularly in connection with the child welfare work of the veteran organization.

DENTAL ASSISTANTS CONVENE IN SAINT LOUIS

TO ALL DENTAL ASSISTANTS a cordial invitation is extended to attend the fourteenth annual meeting of the American Dental Assistants Association at the DeSoto Hotel in Saint Louis from October twenty-fourth to twenty-eighth. Besides an opportunity to visit the finest clinics and exhibits that have ever been offered at any meeting, Elizabeth Knight, Publicity Chairman of the Association, announces that there will be special entertainment provided for all the guests. The well-rounded program of activities includes a tea planned for Sunday afternoon, a luncheon and banquet for Tuesday, and time for visits to points of interest in Saint Louis.

DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

Comments on Economics

THE ARTICLE BY Doctor King[1] makes me wonder just how far this country, and the dentists along with it, has progressed toward socialism. He surely makes an impassioned plea for socialism—"huge corporation profits . . . for the greatest public good . . . a national plan for the economic application of our resources." It sounds like a page from "Das Kapital," which is a book I wish everybody were compelled to read, so that they would recognize socialist propaganda as such, instead of being fooled by so-called "liberals" or "progressives."

Let us not fool ourselves. Private initiative and socialism are antithetic, and they can not co-exist in this country any more than in Russia, Germany, Italy or other countries that are gradually slipping that way. If we have to be converted to socialism to swallow what is to be set before us, it must be even worse than I was expecting.—P. R. NOLTING, D.D.S., 830-840 *Medical Arts Building, Springfield, Maryland.*

No Legislation Needed

The advocates of dental laboratory licensing are constantly on the job. Every defeat of their efforts but spurs them on to renewed attempts at legislation. Jay Voorhies[2] informs us, through the pages of ORAL HYGIENE, that a bill to license dental laboratories, "passed the Assembly and, it is claimed (by whom?), could have passed the Senate. It was not pressed because certain defects were discovered in it, while it was in the Senate Committee. This bill is now being re-drawn and its sponsors, the New York State Dental Laboratory Guild, say it will be re-introduced at the next session and passed with the full approval of the dental profession."

I take issue with Mr. Voorhies' statement that licensing legislation will be "passed with the *full* approval of the dental profession," and deny absolutely his further statements that, "The possibility of the laboratories obtaining such approval does not seem remote to anyone who has observed the changed attitude of the profession toward the laboratories . . . " Writers on the subject of State licensing did not "show any particular terror at such a possibility." "This calmness on the subject of laboratory licensing extended to the profession at large," and so on.

In my opinion, there isn't a scintilla of truth in any of the foregoing statements, and here and now we challenge him to produce the proof of his assertions at an open meeting

[1]King, A. T.: A Congressman Talks to Dentists, ORAL HYGIENE 28:1016 (August) 1938.

[2]Voorhies, Jay: Action in Albany, ORAL HYGIENE 28:1001 (August) 1938.

of the profession. That the whole story is but a figment of Mr. Voorhies' imagination can be ascertained from the veiled threats contained in the latter part of his article on, ACTION IN ALBANY. Realizing that his claims of favorable professional attitude toward laboratory licensing legislation is made of whole cloth and may, therefore, be accepted with the proverbial grain of salt, he lets the cat out of the bag, at first mildly—whether the profession is favorable or not, the "changed attitude toward laboratories" may be due to the fact "that legislators are no longer terrified by the voice of organized dentistry . . ." Then more daringly, " . . . in a show-down with public demand for a more available dental service, New York's 5,500,000 popular vote counts."

Is this a veiled threat that unless we willingly approve laboratory licensing legislation that these gentlemen are ready to egg on the 5,500,000 voters against us with a "demand for a more available dental service" at the hands of the laboratories? Says Mr. Voorhies, you better be good for, "With the New York Legislators in their present licensing and regulating mood, it would seem the part of wisdom for the profession to cooperate with the laboratories in their quest for a license, so that when granted, it will be under conditions favorable to dentistry." Can it thus not plainly be seen that his (Voorhies') contention about the professional change of attitude, in the beginning of his article, flatly contradicts the latter part of it where he menacingly holds up the big stick to frighten our profession into accepting laboratory licensing legislation?

There is no more justification for licensing dental laboratories than there is for licensing any other trade that produces mechanical objects or appliances. We have, again and again, pointed out that laboratories or dental mechanics have no *direct* contact with patients. That they merely construct dental appliances or restorations by working on inert matter—impressions and models that we furnish them. That, at all times, the dentist is the *sole* judge of the quality, fitness, and serviceability of these dental restorations. That the dentist alone assumes full responsibility and in turn is held responsible by the patient for any ill-effects that may result to him from the insertion of these appliances in his oral cavity. That, so far as the patient is concerned, there need be not a single laboratory or mechanic in existence.

To compare, as does Mr. Voorhies, the dental laboratory to the following trades or professions who have been licensed recently, is to show an improper understanding of social values. The regulation of "detective and strike-breaking agencies," is a police power. These gentlemen have been the cause of untold strife in the labor world, in domestic matters and in innumerable other ways that had to do with the economic and social welfare of millions of our people. So, a law to regulate their activities and social responsibilities was absolutely essential, and the wonder is that such a law had not been enacted many years ago. "A law to bring all nurses under the State Education Department and to issue two licenses, one for registered nurses and one for practical nurses; a law to regulate and license hairdressers and beauty shop operators; a law to regulate the sale of eye-glasses." In all these instances the licensees render *direct* service to the people that engage them. That the health of these people is directly involved and those rendering health services must prove their ability by passing the tests as to ability and fitness in order to receive a state license, which will enable them to practice their respective professions. Equally true is this in the case of animals; "for fraud and deceit in practice" a veterinarian should have his license revoked.

To Mr. Voorhies' query, "Are the dental laboratories next in line?" for a state license, the answer must be a most emphatic *no*. If they will persist in the demand for State licensing, the dentists may resort to doing their own laboratory work or else establish cooperative dental laboratories that will serve their professional needs.

A better way would be for the representatives of the organized laboratory industry to show a sincere desire in meeting representatives of organized dentistry in conference, and to reach an understanding that will result in an improved economic status for the former, and better services for the latter.

Our profession is hereby warned to be on the lookout for any such vicious legislation which seeks to give legal status to the dental laboratories and technicians, and to fight such legislation with all the power at our command. This kind of legislation, in the final analysis, is but an entering wedge to the practice of dentistry by men who lack the educational and technical qualifications for it. A licensing law is a retrogressive act that is sure to put dentistry back where it was before it achieved its present recognized status as a health dispensing profession. Also, the harm to the health of the people who would be receiving "mechanic" dental services, would be appalling.

More than ever before must the profession present a united front—with the State Education Department on our side, no laboratory licensing law stands any chance of being passed by our legislators.—MAURICE S. CALMAN, D.D.S., 600 *West 181st Street, New York City.*

COURAGE SHAPES NEW CAREER FOR DENTIST

(*Continued from page* 1289)

and he still plays occasionally with Braille cards, but it is a slow process and he prefers fishing or swimming as a pastime, when he has the opportunity.

Doctor Mallory has at times done some legal work outside of school, while studying law, and will probably practice law to some extent now that he has completed his course at the University. But he is interested in politics and will try to use his legal training in carving out a political career for himself. His home is in Fayetteville, and he has announced his candidacy for state representative, from Washington County. Should he be elected, it will mean the beginning of a new career and a new life for this man who has lived his first thirty-nine years so fully and so well. For such a man, surely life can, and will, begin at forty.

1142 *South Elgin*
Tulsa, Oklahoma

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Acute Cellulitis

Q.—I should appreciate hearing from you in regard to the following condition upon which I am a little hazy:

How do you treat cases of acute cellulitis in which there is great swelling and much pain? Many of these cases are too painful to allow any operative procedure. I have attempted to use hot magnesium sulphate packs. Will you also tell me the proper method of making a pack? —L. F., North Dakota.

A.—The cases of cellulitis that you cite in your letter could be treated as follows: In cases where it looks as though the swelling might either be dissipated or brought to a head inside the mouth, hot saline irrigation, using a Murphy drip pan to permit the hot solution to run in and out of the mouth continuously over a long period of time, is the correct procedure.

If, however, the swelling is so located that it must obviously point and be drained externally, the hot magnesium sulphate packs are the correct procedure. A good way to apply these is to saturate a thick pad of gauze with the hot solution, apply it to the swollen area, cover it with oil paper or thin oil cloth, and cover with a folded dry turkish towel or woolen cloth to confine the heat. Change this application every 10 or 15 minutes to keep the heat continuous.

When operative procedure is indicated in these highly painful cases, it should be done under a general anesthetic.—V. CLYDE SMEDLEY.

Discolored Incisors

Q.—In a case I have I am uncertain what procedure to follow. The right lateral incisor is badly discolored, roentgenograms are negative, and the tooth is vital. There is a large silicate restoration on the labial and also the distal surface extending on the lingual and labial surfaces. The enamel on the labial and lingual is checked as well as the incisal edge.

Would there be any possible chance of bleaching this tooth, having a vital pulp? If so, what procedure and medicament would you suggest?

I presume that a porcelain jacket is the replacement to use. But I wondered if this bleaching could be done to tide the patient over for a while. Any information will be appreciated.—S. A. R., Wisconsin.

A.—It would seem wise in your case to adjust the rubber dam, remove all silicate restoration material, and you will probably find decay or discolored dentine. It would be safe to use hydrogen peroxide in the cavity, which

might be helpful in bleaching stained dentine if there is not a metal stain. In any event the appearance of the tooth will probably be improved by removing the old silicate restorations and replacing with new ones.—GEORGE R. WARNER.

Injury of Nerve

Q.—A patient called at my office for removal of the upper left third molar (impacted.) After removal I packed the socket with iodoform gauze for a week, and the condition seemed normal except for a slight swelling which subsided a few days later after cold compresses were applied.

About ten days later an acute cellulitis developed. I ordered hot applications of anti-phlogistine, which reduced the swelling. There was no discharge from the socket.

Another roentgenogram showed nothing, and Wasserman and Kahn tests were negative.

After the swelling subsided the patient complained of a discharge from his nose, which lasted a few weeks.

I saw the patient recently and he informs me that a large area on the left side is without any sensation. What would cause this later condition?—H. S., New York.

A.—In our office we do not favor iodoform gauze as a socket pack. We feel that no pack at all, permitting the socket to fill with a normal blood clot, is the correct procedure. Then if the blood clot should break down leaving an open or dry socket, we find sedative cement, plus a little mineral oil, works ideally as a soothing, stimulating, protective dressing or pack.

With the exception of the first three or four hours after extraction, cold compresses are contraindicated. The hot applications that you prescribed later would have been better for the slight swelling which you describe as occurring a few days after the extraction.

It would seem that the loss of sensation on the left side of the face must be due to an injury to the nerve that supplies this area, which occurred either at the time of extraction or during the subsequent infection and swelling in the tissue. In either case, sensation will no doubt return in a few weeks or months.—V. C. SMEDLEY.

Pulp Stones

Q.—I have a very interesting case of a woman, 35. She is married and has three children.

In 1933 she developed pain starting in the maxilla and finally extending down the neck, into the shoulders, right hip, and knee. She had her tonsils removed, getting a little relief temporarily. She has been to osteopaths, chiropractors, through clinics, and finally was referred to me by a physician of this city for a check on her teeth.

I found large pulp stones in the four upper molars. I removed two of these and she began to get relief immediately in her shoulders. A few days later I removed the other two. That was two weeks ago. She says this is the first time since 1933 that she hasn't had to take something to go to sleep. She still has some pain, but is much relieved. The swelling has gone out of her knee, and she thinks that in a few days she will be able to start walking. She has not walked for over two years.

I have heard a lot about pulp stones causing trouble, but I am wondering if I have any right to think that these stones have been causing all her discomfort. Everything else and all the tests she has taken have been negative.

I should appreciate all the infor-

mation you can give me on pulp stones and your comment as to whether you have seen similar cases.

Thanks for all the information you can give me on this case. It has been most interesting. If this patient becomes entirely well, I want to show my records of this case at the Kansas State Meeting. Your information on pulp stones will help a good deal.—C. J. W., Kansas.

A.—The case recited in your letter is indeed what you say—a very interesting one, and I am glad to have a report of it, for the matter of the pathogenicity of pulp nodule teeth is coming up almost daily. We have in this office been rather inclined to regard pulp nodule teeth as ordinarily safe for the patient to carry. We, of course, have recognized that there comes a time in certain teeth when the calcification interferes so seriously with the circulation in the pulp that the pulp degenerates and the tooth then becomes a liability.

Doctor Earl Spencer of Pueblo has records of a case in which tic douloureux cleared up after the removal of pulp nodule teeth. Doctor Mallory Catlett of this city has a number of cases in which the removal of pulp nodule teeth cleared up metastatic conditions. We don't recall many cases in our own practice in which we felt that pulp nodules were in etiologic relation to metastatic conditions. We have had a few cases, as mentioned here, in which the pulps became inflamed and infected and the teeth had to be removed.

Since the article by Doctors Kretschmer and Seybold[1] was published in 1936, pulp nodules have received a great deal more consideration, because in this article Doctor Kretschmer, the clinical pathologist, took the position that teeth with pulp nodules were always infected teeth. However, after more research work he has receded somewhat from that position, and we are looking forward with interest to an article which he expects to publish in the near future.

In the 1937 Year Book of Dentistry there is a short article entitled, "Modern Conceptions of Pulp Stones." This article quotes George A. Morgan[2] of Toronto and the article is rather conservative, indeed in the last paragraph, they say, "Observations seem to justify a warning against unnecessary removal and sacrifice of teeth on the assumption that pulp nodules are directly responsible for production of renal stones, gallstones and calcific deposits elsewhere in the body." Of course dentists are not extracting pulp nodule teeth because of their being in causal relation to calcific deposit elsewhere in the body.

Doctors Boyd Gardner, Louie Austin, and Ed Stafne[3] published an article some years ago on that subject and, from their research in the Mayo Clinic, it could not be shown that pulp nodules in the teeth were related either etiologically or as an end result of calcifications elsewhere in the body.

Another article on this subject,

[1]Kretschmer, O. S., and Seybold, J. W.: The Bacteriology Of Dental Pulp Stones: A Preliminary Report, The Dental Cosmos, page 292, (March) 1936.

[2]Morgan, G. A.: Modern Conceptions of Pulp Stones, Oral Health (September) 1936.

[3]Austin, L. T.: The Dental Roentgenogram: Observations and Comments, J. A.D.A. and Dental Cosmos 24:1602-1610 (October) 1937.

Calcified Masses Within the Pulp Chamber, appeared in the *Dental Record*.[4]

Replacing Lost Teeth

Q.—In my practice I have four children, patients ranging from 8 to 11, who have, by accident, lost one or the other of the maxillary centrals. They are all wearing space retainers at present, because they are so young. I am asking you at about what age should I replace these lost teeth, and what is the best method of doing so? I should like to have your opinion of both removable and fixed bridges and your preference of each.—C. E. H., Illinois.

A.—Your letter raises an interesting question, which probably should be answered by a pedodontist. However, we have had wide experience with the loss of maxillary incisors in the mouths of children.

In the case of loss of central incisors, we usually supply the missing incisor at once, either on orthodontic bands or on a vulcanite plate. Inasmuch as so many children are wearing either orthodontic bands or vulcanite plates during orthodontic treatment, children do not ordinarily object to either method of supplying the missing tooth.

When adolescence is reached, some objection may be raised about the appearance of orthodontic bands. We then try to induce the use of the vulcanite partial denture for a few years. If we don't succeed in this, we use open face crowns without cutting the teeth. Then, as soon as the position of the pulps will permit, we make pin-ledge attachments for a fixed bridge.

In making the vulcanite dentures we are careful to see that the partial denture doesn't impinge on teeth or gingival tissues. We depend entirely upon adhesion in the roof of the mouth, and it is both astonishing and gratifying that children get along nicely with these simple little dentures.

For permanent restoration, the removable bridge does not lend itself well to the replacement of one central incisor; hence our preference for the fixed bridge.—GEORGE R. WARNER.

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[4]Manson, J. J.: Calcified Masses Within The Pulp Chamber: Their Nature and Origin, Dental Record, pages 371-376, 1930.

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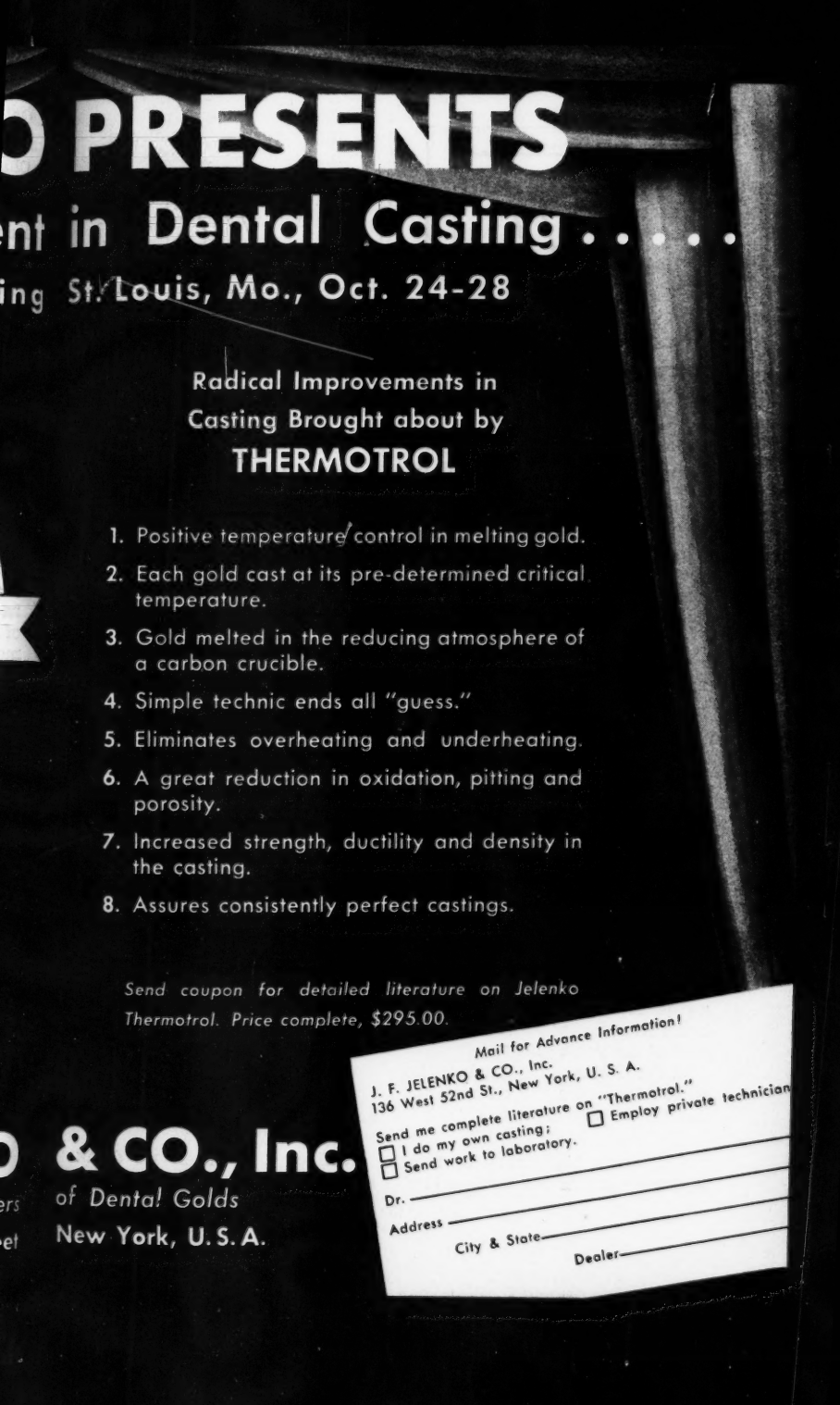
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Laff-ODONTIA

Asked to write a brief essay on the life of Benjamin Franklin, a little girl wrote this gem of a paragraph:

"He was born in Boston, traveled to Philadelphia, met a lady on the street, she laughed at him, he married her, and discovered electricity."

O

A Frenchman was relating his experience of studying the English language. He said:

"When I first discovered that if I was quick, I was fast; that if I was tied I was fast; if I spent too freely I was fast and that not to eat was to fast, I was discouraged. But when I came across the sentence: 'The first one won one dollar prize' I gave up trying to learn the English language."

O

"Miss Epsom," said the colored parson impressively, as he led her into the brook for baptism, "I'se gwine lead you out inter dish heah stream, an' wash out every spot o' sin you's got!"

"Lawsy, Pahson," giggled the erstwhile frolicsome damsel, "in dat li'l ole shallow creek?"

O

She was a big, strong woman, and the burglar she had tackled bore unmistakable signs of punishment as the police arrived.

Justice of the Peace: "It was very brave of you, lady, to risk your life and to set upon the burglar and capture him, but you did not need to blacken both his eyes and knock all his teeth out, did you?"

Woman (looking very indignant): "How was I to know it was a burglar? I had been waiting up for my husband for three hours, and in the dark I thought it was him."

O

Little Girl: "Nurse, will I have a mustache on my lip like Daddy has when I grow up?"

Nurse (absently): "Pretty often, dear, I expect."

O

Billy (at dinner): "Dad, are caterpillars good to eat?"

Dad (severely): "Haven't I told you never to mention such things at the table?"

Mother: "Why did you ask that question, Billy?"

Billy: "I just saw one on Dad's lettuce, but it's gone now."

O

Question on examination paper: "For what were the Phoenicians famous?"

Answer: "Blinds."

O

Visitor: "So you say that the water you get here is unsafe?"

Native: "Yeah."

Visitor: "Well, tell me, what precautions do you take against it?"

Native: "First, we filter it."

Visitor: "Yes."

Native: "Then we add chemicals to it."

Visitor: "Yes."

Native: "And then we drink beer."